

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Incumbent <input checked="" type="checkbox"/>		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input type="checkbox"/>		Termination Filer <input type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year)	
3/21/2012 KHK		Last Name		Moose		2015		First Name and Middle Initial		Amanda D.			
Reporting Individual's Name		Title of Position		Special Assistant to the President		Department or Agency (If Applicable)		Executive office of the President				Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.	
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Avenue NW		Washington DC 20500		Telephone No. (Include Area Code)		202-456-1414		Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	
Location of Present Office (or forwarding address)		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.	
Positions Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Signature of Reporting Individual		Date (Month, Day, Year)		Schedule A--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.							
Presidential Nominees Subject to Senate Confirmation		Signature of Other Reviewer		Date (Month, Day, Year)		Schedule B--Not applicable.							
Certification		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.							
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		Signature		Date (Month, Day, Year)		Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.							
Other Review (if desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.							
Agency Ethics Official's Opinion		Signature		Date (Month, Day, Year)		Agency Use Only 3/28/2016 KHK OGE Use Only							
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		The entry on line 7 of page 4 of the previous year's report should have been labeled "Sabrient Small Cap Growth Fund." R8 Effective 12/1/2015 the name of the Columbia Legacy Core Equity Alternative Fund was changed to Columbia Disciplined Core Fund. (p. 4, lines)		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> (Check box if comments are continued on the reverse side) <input type="checkbox"/>							
Office of Government Ethics Use Only													

Reporting Individual's Name
Aminda Moose

SCHEDULE A

Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
	BLOCK A					BLOCK B					BLOCK C			BLOCK C										
	BLOCK A					BLOCK B					BLOCK C			BLOCK C										
Examples	Central Airlines Common																							
	Doe Jones & Smith, Hometown, State																							
	Kempstone Equity Fund																							
	IRA: Heartland 500 Index Fund																							
1	TATA MOTORS LTD																							
2	UNDER ARMOUR INC																							
3	THE GROWTH FUND OF AMERICA (A)																							
4	INVESCO GLOBAL GROWTH FUND (A)																							
5	NUVEEN SANTA BARBARA DIV GR (A)																							
6	INVESCO FLOATING RATE FUND (A)																							

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name
Amunda Wood

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary																
	BLOCK B										BLOCK C																											
BLOCK A	BLOCK B										BLOCK C										Type	Amount																
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)					\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000				
1	INVESCO EQUITY AND INCOME FUND(A)				X									X																								
2	FOUNDATION MEDICINE, INC		X																																			
3	CAPITAL INCM BLDG INC FD (A)						X																															
4	AMERICAN FUNDS INVESTMENT CO of America							X																														
5	ISHares IBoxx \$ Int'l Grade Corp Bond					X																																
6	COLUMBIA DIVIDEND OPPORTUNITY FUND (A)				X																																	
7	INVESCO CORE PLUS BOND FUND (A)						X																															
8	JPMORGAN INCOME BUILDER FUND (A)				X																																	
9	PUTNAM VOYAGER FD INC (A)					X																																

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Reporting Individual's Name

Amanda Moose

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										Type	Income: Type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary													
	BLOCK B											BLOCK C																								
BLOCK A	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000						
1 SABRIENT SMALL CAP GROWTH			X										X			X					X															
2 SABRIENT BAKERS DOZEN PORT 2015			X										X			X					X															
3 INVESCO SENIOR LOAN FUND(A)		X											X			X					X															
4 INVESCO MID CAP GRTH FD (A)			X										X			X					X															
5 COLUMBIA DISCIPLINED CORE FUND (A)				X									X			X					X															
6 FEDERATED INTL LEADERS FD (A)					X								X			X					X															
7 FEDERATED STRA VALUE DIVIDEND FD (A)					X								X			X					X															
8 HARTFORD CAP APPR FD (A)				X									X			X					X															
9 HENNESSY FOCUS FD INV				X									X			X					X															

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Reporting Individual's Name
 Amanda Moose

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										Income: Type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																								
	BLOCK B													BLOCK C																							
BLOCK A	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000							
	BLOCK A										BLOCK B										BLOCK C																
1 LORD ABBETT TOTAL RETURN FD (A)			X										X			X			X	X																	
2 COLUMBIA SEL LRG CAP GWTH (A)			X										X			X			X	X																	
3 JP MORGAN STRA INCM (A)			X										X			X			X	X																	
4 FEDERATED GLOBAL ALLOCATION FUND (A)			X										X			X			X	X																	
5 LORD ABBETT INVST TR SHRT (A)			X										X			X			X	X																	
6 ARQUE INC			X										X			X			X	X																	
7 SCAGO EFC SPARTANBRG SD1 CUSIP 80585FBPS						X										X			X	X																	
8 LAKESHORE MIS TECHNICAL COLLEGE DIST CUSIP 61208EGV7			X													X			X	X																	
9 RICHARDSON TEX & IMPT LT RF CUSIP 763227DHS			X													X			X	X																	

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Reporting Individual's Name
Amanda Moore

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Date (Mo., Day, Yr.) Only if Honoraria																							
	BLOCK B					BLOCK C																													
BLOCK A	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	Over \$1,000,001 - \$5,000,000	Over \$5,000,001 - \$25,000,000	Over \$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	Over \$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)				
	BLOCK A	BLOCK B										Type	BLOCK C										Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
1 FRENSHIP TEX INDPT SCH DIST SCH BLDG CUSIP 357868RW4	X																	X			X														
2 INDUSTRY CALIF SALES TAX REV AGC CUSIP 48886RBD3		X																X			X														
3 JOHNSTON MEM HOSP AUTH NC MTG REV CUSIP 47938RAN6		X																X			X														
4 Merrill Lynch (U.S.) CASH Account					X													X			X														
5 Tribune Media (S)																																			
6																																			
7																																			
8																																			
9																																			

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

SCHEDULE B

Page Number

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Reporting Individual's Name
Amanda Moose

Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

Example	Central Affiliates Common	Identification of Assets	Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (X)												
			Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture	
1	FT UNIT 5221 SABRIENT BAKERS DOZEN PORT 2015		X			2/1/99			X										
2	COLUMBIA ACORN FUND CLASS A			X		1/14/2015		X											
3	FEDERATED GLOBAL ALLOCATION FD CL A			X		3/20/2015		X											
4	INVESCO CORE PLUS BOND FUND CL A			X		3/20/2015		X											
5	INVESCO SENIOR LOAN FUND CL A			X		3/20/2015		X											

*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$140 or less. See instructions for other exclusions.

None

Source (Name and Address)	Brief Description	Value
Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room, & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name
 Amanda Messer

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

1	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)													
		Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture		
1	INVESCO CORE PLUS BOND FUND CL A			X	3/20/2015			X											
2	INVESCO FLOATING RATE FUND CL A			X	3/20/2015				X										
3	LORD ABBETT TOTAL RETURN FUND CL A			X	3/20/2015					X									
4	LORD ABBETT SHORT DURATION INCOME FD A			X	3/20/2015					X									
5	SCAGO EFC SPARTANBRG SD1 SC RV SER B RF APR15 03.000%JUN01 2026	X			4/6/2015					X									
6	INVESCO GLOBAL GROWTH FUND CL A			X	4/23/2015			X											
7	INVESCO FLOATING RATE FUND CL A			X	4/23/2015			X											
8	INVESCO GLOBAL GROWTH FUND CL A			X	4/23/2015			X											
9	INVESCO FLOATING RATE FUND CL A			X	4/23/2015			X											
10	FRENSHIP TEX INDP T SCH DIST SCH BLDG PRF-17 JUN07 05.000%FEB15 2032	X			4/23/2015			X											
11	INDUSTRY CALIF SALES TAX REV AGC APR08 04.250%JAN01 2016	X			4/23/2015			X											
12	LOGAN CO KY SD FIN CRP B LG RV RF SCH GTD EBD OCT09 02.500%DEC01 2015	X			4/23/2015			X											
13	RICHARDSON TEX & IMP T LT RF JUN10 04.000%FEB15 2018	X			4/23/2015			X											
14	LAKE SHORE WIS TECHNICAL COLLEGE DIST PROM B EBD OCT13 02.500%MAY01 2020	X			4/27/2015			X											
15	AMERICAN INVESTMENT CO OF AMERICA CL A	X			6/24/2015			X											
16																			

* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name
William Moore

SCHEDULE B continued
 (Use only if needed)

Page Number
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Part I: Transactions

1	Identification of Assets	Transaction Type (s)			Date (Mo., Day, Yr.)	Amount of Transaction (x)													
		Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture		
1	COLUMBIA LARGE CORE QUANTITATIVE FUND A			X	11/18/2015			X											
2	COLUMBIA SELECT LARGE CAP GROWTH FUND CL A			X	11/18/2015			X											
3	FEDERATED INTERNATIONAL LEADERS FD CL A			X	11/18/2015			X											
4	FEDERATED GLOBAL ALLOCATION FD CL A			X	11/18/2015			X											
5	JP MORGAN INCOME BUILDER FUND CL A			X	11/16/2015			X											
6	JP MORGAN STRATEGIC INCOME OPP FUND CL A			X	11/18/2015			X											
7	NUVEEN SANTA BARBARA DIVIDEND GROWTH FD CL A			X	11/18/2015			X											
8	JOHNSON CONTROLS INC			X	12/18/2015			X											
9	TATA MOTORS LTD ADR			X	12/22/2015			X											
10	UNDER ARMOUR INC			X	12/22/2015			X											
11	JOHNSTON MEM HOSP AUTH INC MFG REV SER A RF AGM JUN08 04.000%APR01 2015			X	4/1/2015			X											
12																			
13																			
14																			
15																			
16																			

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Reporting Individual's Name
Aminda Wood

SCHEDULE C

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Part I: Liabilities
 Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude:

a mortgage on your personal residence unless it is rented out; loans secured by automobiles; household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)														
						\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x												
2																				
3																				
4																				
5																				

* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1		Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name
Amanda Moose

SCHEDULE D

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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo. Yr.) To (Mo. Yr.)	
				6/92 7/85	Present 1/00
1	Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner		
2					
3					
4					
5					
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

Examples	Source (Name and Address)	Legal services	Brief Description of Duties
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services	
2			
3			
4			
5			
6			